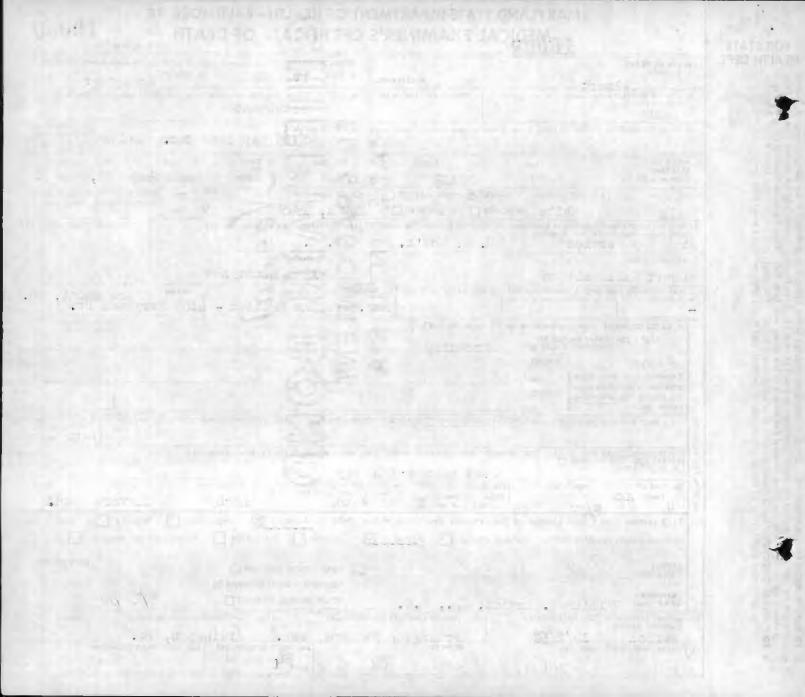
10007MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reo. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 1 PLACE OF DEATHTY a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR JOWN (If outsign corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) . IS RESIDENCE Ad. STREET ADDRESS ON A FARM? YES NO NAME OF Middle DATE First Losi Month Day Year DECEASED (Type or print) BESTE wron 6. COLOR-OR RACE 7. MARRIED M NEVER MARRIED 18. DATE OF BIRTH 5. SEX 9. AGE (In gears IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED [7] DIVORCED [yrs. 10a. USUADOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages age 5 bod 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. Give PM3 18. CAUSE OF DEATH [Enter only one cause per Hise for (o), (b), and (c). INTERVAL BETWEEN PART L DEATH WAS CAUSED BY form IMMEDIATE CAUSE (0) Item DUE TO Conditions, if any, which burial gave rise to immediate cause **DUE TO** (o), stoling the underlying couse lost pending" in iner's Office O PART II. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY SO PERFORMED? NO M Examiner's 20d. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. DESCRIBE HOW INJURY OCCUPATED. (Enter nature of injury in Part 1 or Part II of item 18.) shauld ward 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or lawn) (County) (Stote) AMINER: ting the w Medical factoric street, office bldg., etc.) Dwhile / Not while O at work A at work 21. Veertify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and find that death resulted from: Natural causes . Accident M. Suicide Hamicide . Undetermined cause cute the certifical forwarded to the O FUNERAL DIRECTO DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22d BURIAD CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (State) REMOVAL (Specify) 0 20-58 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) BEP 23 Onthun & Kense 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY o. STATE Marvland b. COUNTY Calvert MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Brookmont 8 6 Lusby direct for y d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 000 ON A FARM? 1.109 Maryland Amex d 3 to the funeral of may be retained for with the State Boours after death. Drive 00 YES NO 3. NAME OF 4. DATE First Middle tost Day Yeor DECEASED 28. 58 DEATH (Type or print) BT.A TR BRITTON September 19 ROBERT 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 18. DATE OF SIRTH 9. AGE tin years IFUNDER TYEAR IF UNDER 24 HRS. and 3 d 2 will hours get birthday) Months Hours Min. 39 WIDOWED [DIVORCED TO Male White Give Poges 1, 2, carm PM3. Poge 5 rem PM3. Poge 5 rem 72 h and 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? U. S. Gov't. N. C. Army Map Service 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alma Henderson encil in Item, 18. Give Por s Office along with form Priol-transit permit. File pa remayol, and in any Empl Robert Hall Britton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 109 Maryland Dr. (If yes, give wor or dates of service) Mrs. Pauline Britton -18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Drowning buriof-tronsit 850 X DUE TO Conditions, if any, which gave rise to immediate couse d "pending" in p edical Examiner's be used as a bur DUE TO 20 (a), stating the underlying couse lost. cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? e Chief Medical E YES X NO T 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) Boat capsized in bay 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 120f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (Stole) factory, street, office bldg., etc.) XXX While Not while of work of Clavert Mala Lusby prior water Poge 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my forwarded to DIRECTOR: opinion death resulted from: Natural causes ... Accident K Suicide | Homicide . Undetermined manner DATE SIGNED designoted ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE xecute the cistostal to FUNERAL D ASSISTANT MEDICAL EXAMINER TO EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) Lovitt. DEPUT 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF (Stote) REMOVAL (Specify) 5 70 Burial National 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 3 0 '58 Chriman S. Kraus VS. A15ME 5M 2/57



VS A15 (4) 15M 9/55

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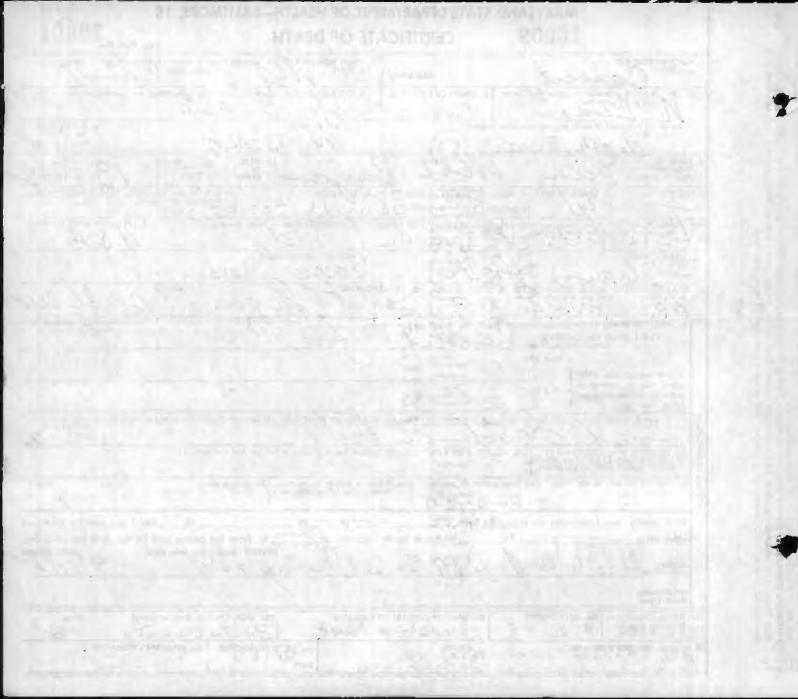
MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
10009	CERTIFICATE	OF	DEATH		

CERTIFICATE OF DEATH

10001

2000				Reg. Dist. No.	
s. COUNTY Calvert	MARYLAND	2. USUAL RESIDENCE POLICE OF STATE	pere deceased lived. If institu b. COUNT		odmission
b. CAY OR TOWN Uf outside corporale limits, write RUPAL and give dearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	publice corporate limits, wither	RURAL ond give neore	est town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION NO BTh. BEACH	ddress)	d. STREET ADDRESS	BEACH	ę.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mariddle L	Burgan	4. DATE OF DEATH	ionth Day	Year 19.55
- WIDOWE		8 DATE OF BIRTH	9. AGE (In year lost britishay)	Months Days	F UNDER 24 HRS. Hours Min.
Oa. USBAL OCCUPATION (Give kind of work done during most of working life, even if relifed)	CIND OF BUSINESS OR WID	USTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF	A. WHAT COUNTRY
Former's NAME	ell	Carrie	walson.	,	0
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [If yes, give wor or dates of service]	SOCIAL SECURITY NO. 17.	The Ben	gan 7	1. Bear	il my
18. CAUSE OF DEATH [Enter only one couse por in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c).]	efa	luc	INTER	T AND DEATH
Conditions, if any, which gave rise to immediate coese (a), stating the under-lying couse last.					
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	d'in	UT NOT RELATED TO THE TERM RED. (Enter nature of injury in			WAS AUTOPSY PERFORMEDY YES NO
3	_ Not while_	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	1, 20f. (City or town)	(County)	(Stole)
21. I certify that I attended the decease alive on 19. ACTUAL SIGNATURE A WALL AND ALIVE AND AL	od fram, and that dea	th accurred at	M, fram the causes		
PHYSICIAN'S NAME (Type)					
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 9-20-5-8	22c. NAME OF CEMETERY LORPAIN	(C) 14	BALTO, Co	unty	(State) Md.
23. EUNERAL DIRECTOR'S ISIGNATURE FUNCTOR L	HOW Eluch	End. 245. REC	7 4 0 IMA	GISTRAR'S SIGNATURE	

Balto. md.



	1001	0	CERTIFIC	ATE OF DEAT	TH		Reg. Di	st. No	ė.	
1. PLACE OF DEATH a. COUNTY Calver	rt		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryla		ed lived. If instituti b. COUNTY			ere admiss	lon)
b. CITY OR TOWN (I RURAL and give ne Prince Fr		ils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (orote limits, write R	URAL and	give ne	arest lown	1)
OR INSTITUTION	AL (If not in hospital, gart County			d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Etta Curt	is	Middle	teal	4. DATE OF DEATH	Sept. 6		De		Yeor 1958
5. SEX Fem ale	Negre	WIDOWI		11/12/84		9. AGE [In years last birthday]	Months	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work Housewife	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (SIG		country)			• A•	COUNTRY
13. FATHER'S NAME	nam Eu	ته د	cto	14. MOTHER'S MAIDE	n NAME	iscol,				
15. WAS DECEASEDEVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of			INFORMANT	, Dowe:	Add 11, Md.	ress			
	TH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (c		le for [6], [6], and [c].]	æ				INT	ERVAL BE SET AND	TWEEN DEATH
Conditions, if of gove rise to it couse (o), stating	mmediate (,Ge	meralizar	acleur	-sel	wriz				
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(o)	19. WAS A	RMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Po	rt II of item 18.)				
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. II While of wor	Nat white fo	LACE OF INJURY (Home, footory, street, office bldg.,	orm, 20f. (Cit etc.)	ty or town)	(County]		(State)
21. I certify the alive on	at ! attended the			h occurred at						
	loberto de			St. Leo						and the state of t
220 BURIAL CREMATIO REMOVAL (Specify)	9-9-	58	Eastern	Chapel	0	ATION (City, town,	, Cc		(Stole	nd
23. FUNERAL DIRECTOR	_	rell	Prince V-	240. RI	EC'D BY REGIS		STRAR'S SI	FLOOR		

may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal director, page 1 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after depth. Page 4 VS A15 (4) 15M 9755

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Lines -Jim Common 17 25 25 61 = 13215 . Proceedings of the contract torret col territore continues to & to a photostanial present SI

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CERTIFICATE OF DEATH

10003

Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY Calred
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 PURAL and give nearest town 7 mo.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (It not in hospital, give street address) OR INSTITUTION Or INSTITUTION Order Country Dursing Home	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 2
	NAME OF DECEASED (Type or print) First Flank &	Pleath Sept, 26, 1958
15	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In your lifunder 1 YEAR IF UNDER 24 HRS. Oath J. 23, 1873 9. AGE (In your lifunder 1 YEAR IF UNDER 24 HRS. Months Days Hours Min,
,	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: styring most of working life, even if retired) Tarmy with tarming	Wicomico Con mf 2l. S. a.
	9. Franklin Elliott	Elizabeth O'Llung
	(a). No. of unknown) [III yes, greater of dates of service) [III yes, greater of dates of service) [III yes, greater of dates of service) [III yes, greater of dates of service)	es Etta Buckmaster-Cheverly, med
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). GRANNING	Relision Interval Between ONSET AND DEATH
	Conditions, if any, which gove rise to immediate DUE TO	
	lying couse lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
1000		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
	21. I certify that I attended the deceased from alive on 22 - 19 58, and that death	accurred at M, from the causes and an the date stated above. ADDRESS (Street gity or lown flote) DATE SIGNED
7	PHYSICIAN'S PAGE C. JE	TT MO.
2	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify) Sept. 28, 1958 Broomes Octo	and Cend. Bromes (bland-Calretto-me)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3. a. Harkness & Sond - Mutual	Sud. DATE SEP 3 0 '58 Cardus S. Krous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal director. page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fifted with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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hours after death,

72 hours after death After limitor, the third copyage

the registrar within in my the fumeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certifical has been examined by the steaming shysical and completing filled death curtifical assumbly should be detached for use in burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	10012 CERTIFICATI	E OF DEATH
		Reg. Dist. No.
ı	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY CALVERT CO. MARYLAND	STATE WICH COUNTY COUNTY TO
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN!	CITY (If outside corporete limits, write RURAL and give nearest town) OR
ł	TEIRIE TREUKIUM OLGAS.	X TOWN DUNKIRK
	HOSPITAL OR INSTITUTION OR STREET ADDRESS CALVERT NURSING HOME	STREET (If rural give location) ADDRESS
	3. NAME OF (First) (Middla) (Middla) (Type or Print) Malte ELLEN Yris	(Last) 4. DATE (Maghh) (Dey) (Year) OF (Dey) (Year)
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW JULY	9. A GE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Givs kind of work dona during most of working life, aven it retirad) OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	FOWIN WARD	MARY WARD
	15. WA DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or link.) (If Yes, give wer or dates of service)	W.F. WARD IR. DUNKIRK MA
ı	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN
ı	Pana attant	ONSET AND DEATH
1	IMMEDIATE CAUSE (A) DUE TO	was.
ı	DISEASES OR CONDITIONS, IF ANY, (B) arteriorly	8-212
ı	STATING UNDERLYING CAUSE LAST. DUE TO	
1	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
,	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ı		YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID (NJURY OCCUR? (City or town) (County) (State)
ı	21d TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED White Not white at worky	21f. HOW DID INJURY OCCUR?
1	22. I hereby certify that I attended the deceased from 3 June	e., 1956, to 12 dept., 1958, that I last saw the deceased
/1	palive on 10 defit	
E	SIGNATURE	ADDRESS (Sires), city, jown, steps DATE SIGNED
١	MUllerus M.O. A	Juluglown Mc 12 Souts
751	23. BUMAL, CREMATION, REMOVAL (SPECIFY) Signification Date THEREOF Signification Commerce C	CREMATORY LOCATION (City, town, or county) if (State)
:	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE APPRESS
	DATE 158 JANUARY STREET	Bured Helderty Haluelle Cart



VS A15 (4) 15M 9/55 Ì.

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
10013	CERTIFICATE	OF DEATH	

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	0	F 3	11	3
- 1	. 0	U	U	U

Calvert County Hospital NAME Of Decease (Type or print) Valerie Casandra Jones.	Maryland	e deceased lived IF institution: b. COUNTY Calv iside corporate limits, write RUR/	vert
b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Prince Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital NAME OF First Middle DECEASED (Type or print) Valerie Casandra Jones.	c. CITY OR TOWN (IF ou Owings		
RURAL ond give neorest town) Prince Frederick d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Calvert County Hospital NAME OF FIRST Middle DECEASED (Type or print) Valerie Casandra Jones.	Owings	iside corporate limits, write RUR/	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Calvert County Hospital NAME OF First Middle DECEASED (Type or print) Valerie Casandra Jones.			
OR INSTITUTION Calvert County Hospital NAME OF First Middle beccased (Type or print) Valerie Casandra Jones.	d. STREET ADDRESS		
NAME OF First Middle DECEASED (Type or print) Valerie Casandra Jones.			IS RESIDENCE ON A FARM? YES NO
(Type or print) Valerie Casandra Jones.	Lost	4. DATE Month	Day Year
		DEATH Sept. 13	19 58
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B.	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED DIVORCED J	uly 29, 1958	yrs. M	Aonths Days Hours Min.
a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if refired)		foreign country)	12. CITIZEN OF WHAT COUNTRY
None	Maryland		USA
FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
Calvin Jones	Thelma Mor	sell	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFO	ORMANT	Address	
	lma Worsell.	Owings. Md.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)		CID-NO SO	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: Provide Unite	m -		ONSET AND DEATH
IMMEDIATE CAUSE (of			
DUE TO	7		
Conditions, if ony, which) (b) Schepolial	un.		
gove rise to immediate DUE TO DUE TO	1 79.		
lying couse last to Fremolese	/ runkly	000)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Po	rt I or Part II of item 18)	1.50 100
Hour e.m. While Not while foctor	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
p. m. 19 of work of work			
21. I certify that I attended the deceased from 9/7	19 ⁵ 6	9/13 1958	hat I last saw the decease
alive on Sept 13, 195, and that death o	ccurred at	M from the courses and	d on the date stated above
		DDRESS (Street, city or town, sto	
ACTUAL (De) Come of	57	Chime-	
Roberto de Villerrezi.	D		
PHYSICIAN'S NAME (Type) / CEYIZCA /	REDL	-	
d BURIAL CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, town, or o	county) (Stote)
REMOVAL (Specify) 9-14. 58 Paterney	r	Ttumbond	town mid
. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D	BY REGISTRAR 246 REGISTR	AR'S SIGNATURE
P 5 5 101 0	CK. DATE SE		hun S. Kraus
1. C. Secret France March	DAIE OF		

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1001 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY crer **o.** STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporale timits, write RURAL c. LENGTH OF STAY IN 16 c. CITY BR JOWN (If outside perporate limits, write RURAL and give nearest town) 0 d'NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NAME OF Middle DATE Lost Month DECEASED OF DEATH Type or print) and C 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years WIDOWED IZ DIVORCED [7] yrs. 100. USHAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 EIRTHPUACE State or foreign config 世る during most of working life, even if ratired) puo 3 22326 L è 13. FAPHER'S NAME 1, 2, moy 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war as dates of service 10 -36.1741 18. CAUSE OF DEATH [Enter only one cause per-line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause lost. PARMI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS 6 200 EXTERNAL CAUSE WAS 206. DESCRIBE HOW INDURY MICURRED (En nature of injury in Part I or Port II of in 11.) PRIMARY OF CONTRIBUTING Month, Day, Year 206, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY i 20f. (City or town) factory, street, office bldg., etc.) Not white at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection , Inquiry death resulted from: / Natural causes Suicide , Homicide , Accident Undetermined cause to the C ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded to ASSISTANT MEDICAL EXAMINER [**EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) 0 8-5 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10006

e. IS RESIDENCE ON A FARM?

YES NO T

IF UNDER 24 HRS.

Min.

Haurs

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

and find that

DATE SIGNED

(State)

Reg. Dist. No.

IF UNDER TYEAR

(County)

Days

Months

strangens and more more

the day of the man of st

10007

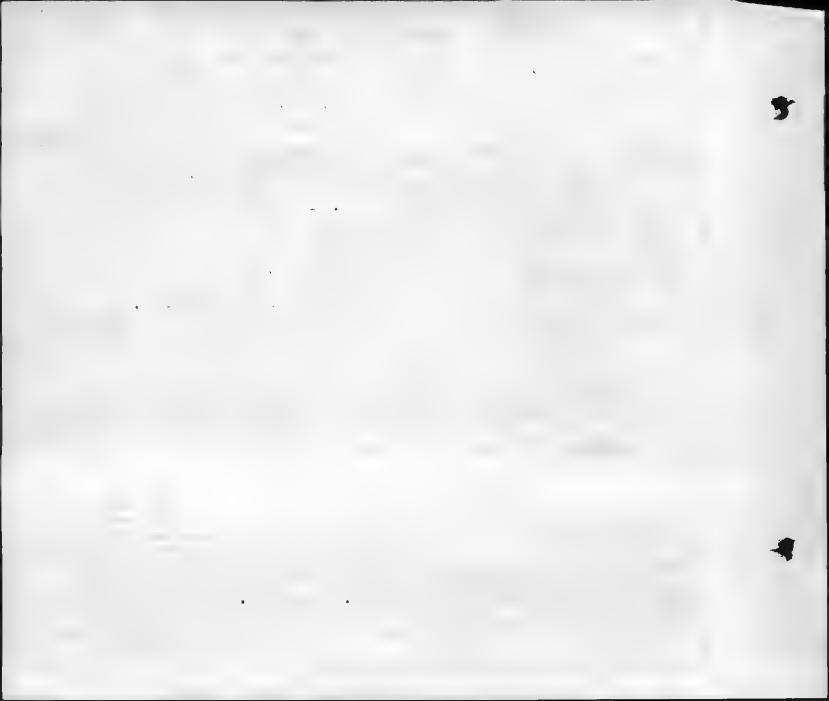
Reg. Dist. No.

1,	o. COUNTY Calver	t		MARY	LAND	2 USUAL RESIDENCE (WA o. STATE Maryland	iere deceosed	Flived. If b. C	institution	ni Residence Lvert	befare adm	ission)
1	b. CITY OR TOWN (If ou RURAL and give negree Prince Frede	tside corporate limi it tawn) PICK	ls, write	c. LENGTH OF STAY	IN 1b	c. City or town (if o		rote limits,	write RU	IRAL and gi	ve nearest to	wn)
	d. NAME OF HOSPITAL OR INSTITUTION CALVERT	ounty Hos				d STREET ADDRESS					QN	ESIDENCE A FARM? NO 🔀
	NAME OF DECEASED (Type or print)	Baby Gi		Middle phew		Lost	4. DATE OF DEATH	Sept	Month 23		Doy	Year 1958
Γ.		COLOR OR RACE	7 MARR	RIED NEVER MARRIS		Sept. 21, 19		9. AGE (In last bir	hday)		YEAR IF UN	
100	USUAL OCCUPATION (during most of working) None	Give kind of work life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPLACE (Stote Maryland		unity)		US.		AT COUNTRY
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	Buddy Edwar	d Lephew				Patricia B	Burke					
	WAS DECEASED EVER IN	U S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT			Addre	res		
1	t, inc. or drondway (if ye	s, give war or outer or i	ereital		Pa	atricia Lephew	, Nor	th Be	ach,	Md.		
	PART I DEATH IM // / G × Canditions, if any,	WAS CAUSED BY: MEDIATE CAUSE (d DUE TO which)	1	ne feria), (b), and (c).	lui	rty (6	m	mtl	7)		INTERVAL ONSET AN	
	gave rise to imm- cause (a), stating the lying cause last.				-	and the same of th						1
CERTIFICATION	PART II. OTHER			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITI	ON GIVE	N IN PART	PER	S AUTOPSY FORMED?
	20g. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	NDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	D (Enter nature of injury in I	Part I ar Part	II of item	18)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	or 20d. II While at war	NJURY OCCURRED Not while of work		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		or town)		{Co	ounty)	(State)
	21. I certify that	I attended the	deceas	ed from 527	x 2	1 19 to 5	201	1	1952	that I lo	ist saw th	e decease
	actual SIGNATURE PHYSICIAN'S	Chuse de coperto de	12- lle \$ V11	larreal	death	M.D.	ADDRESS (SI				e date sta	DATE SIGNE
-	NAME (Type)	~ .	Q.J.			St. Leohard						
L	BURTAL CREMATION SENOVAL (Specify)	226 DATE THERES	-58	MA P	FIEDY C	emony	22d LOCAT	Wi	00	chi	74	ote)
23.	FUNGERAL DIRECTOR'S SI	GNATURÉ L'UNIVA	l H	ADDRESS One	we	DATE SE	P 2 5		b REGIS	AR'S SIGN	NATURE	
بر	11	= 2 /	7									

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of After this certificate has been signed by the attending physician and campletely filled in by the After this certificate has been signed by the attending physician and campletely filled in by the action of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to action of the page of the pages of the pages of the pages. burial, cremation, or remayal, and in any event TO FUNERAL DIRECTORGE 3 should be the the registror prior

oth. Poge 4

VS A15 (4) 1SM 9/55



Canas S. Frank

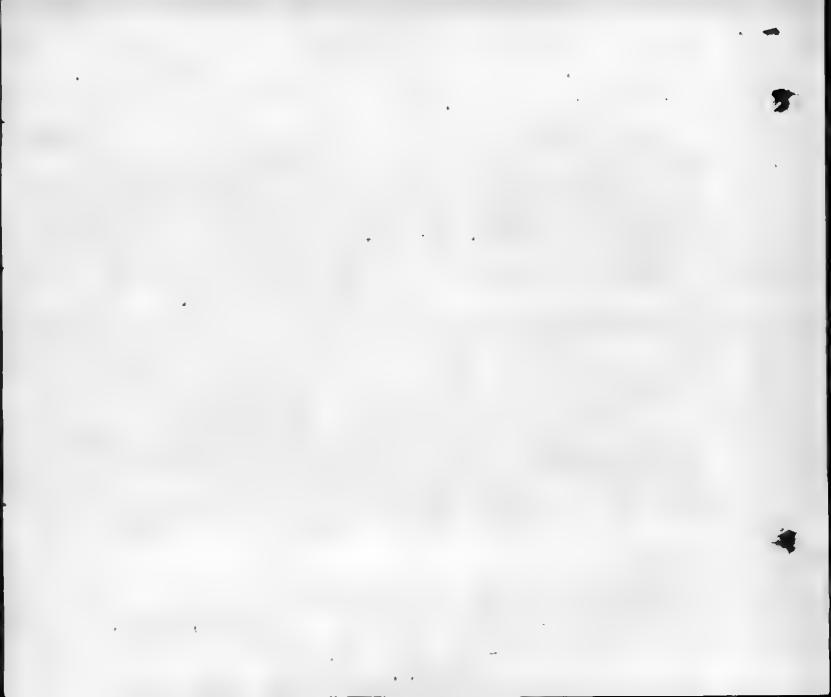
737757	CERTIFICA	ATE OF DEATH	Re	eg. Dist. No.
1, PLACE OF DEATH a. COUNTY		o STATE.	e deceased lived. If institutions b. COUNTY	Residence before admission)
o. COUNTY Calvert Co.	MARYLAND	Maryland	d cookii C	alvert Co.
b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Prince rederick	1-Yr. 5 Month	* _	iside corporate limits, write RURA der1ck	st and give nearest town]
d. NAME OF HOSPITAL (If not in hospital, give street of Institution Nursing Home		/d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO KK
3. NAME OF DECEASED (Type or print) ARTHU	R D Middle	lost FFETT	OF DEATH	Day Year 4. 8, 1958
5. SEX 6. COLOR OR RACE 7. MARI Male White WIDOW	RIED NEVER MARRIED	Dare of BIRTH		under 1 YEAR IF Under 24 HRS anths Doys Hours Min.
10g. USUAL OCCUPATION (Give kind of work done) 10h	KIND OF BUSINESS OR INDI	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if relired) Retired	Met. Police Dep	t. Virginia		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
Henry Moffett		Viola Russ	3	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes no or unknown] III yes, give wor or doles of sorvice]		ul Moffett S	Address Same as # 2.	
IB. CAUSE OF DEATH (Enter only one cause per li	ne for (a), (b), and (c)		,	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY.	Cretral	Hernont	ica 1	ONSET AND DEATH
BUE TO	4			
Canditions, if any, which) (b)	Everalyn	asten.	5 Clevis	
gave rise to immediate DUE TO	2	1.0	> > \	
lying cause last. (c)	O- I RAG	und (5,5)	
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH JUT	NOT RELATED TO THE TERMINA	al disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	rt 1 ar Port II of item 18)	
Havr a.m While	Not white foc	ACE OF INJURY (Hame, form, tary, street, office bldg., etc.)	20f (City or tawn)	(County) (State)
		5 in . De	A A Din CE	
21. I certify that I attended the decease	1	19, ta	/ .	hat I last saw the deceased
alive on so so so	and fhat death		,M, fram the causes and DDRES5_(Street, city or tawn, stat	an the date stated above DATE SIGNER
ACTUAL SIGNATURE	llans,	w.b. 5.4	hencer	1 1/8/
PHYSICIAN'S ROBERTO d	2 VILLARI	PEAL		
220 BURIAL, CREMATION, 226. DATE THEREOF Sept. 11-58	Oedar Hill Ce	-	od location (City, town, or consultand, Mar.	
23 TUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
Semmens Bros. 1661	L- Good Hope R	oad SE. DATE CE	ED 4 0 450	

Washington, D.C.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTO VS A15 (4) 15M 9/55

O FUNERAL DIRECTS. After this certificate has been signed by the attending physician and completely filled in by the placetar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removal, and in any event within 72 haurs after death.

hospital or attending physician.



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

ATTENDING PINT The bottom copy may

A15C 1-55 10M

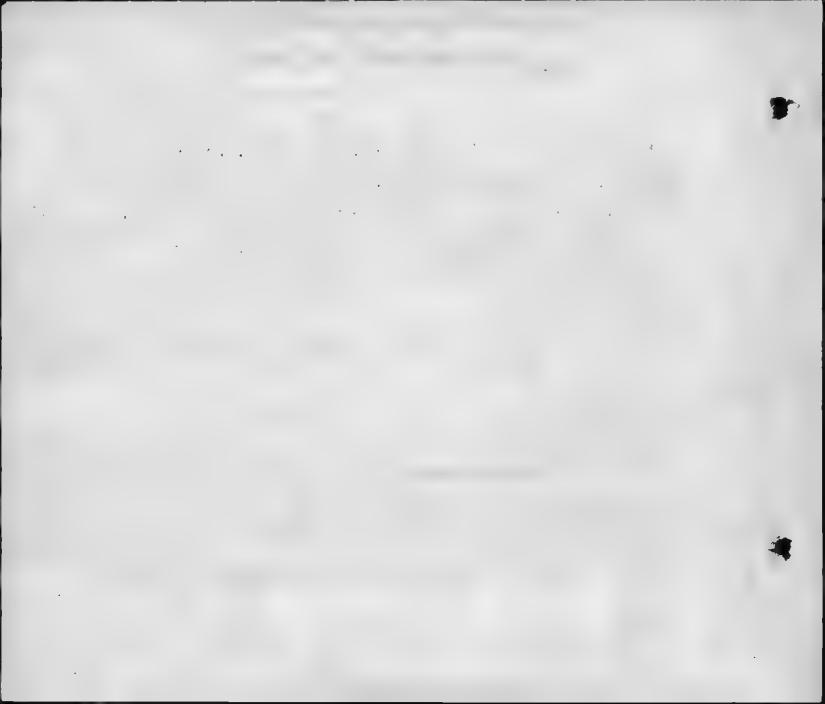
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10016 CERTIFICATE OF DEATH

10009

Reg. Dist. No. ..

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY TO INTEVE	STATE COUNTY Chamles
CITY (If outside corporeta limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give nearest town)
OR and give neerest town) TOWN TO WAR A TOWN	TOWN 111 1 1
HOSPITAL OR	· OULGOVE
INSTITUTION OR / 1 3	STREET (If furel give location) ADDRESS
STREET ADDRESS COLVERT, NEVSING /70me,	
3. NAME OF (First) DECEASED ()	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) CT TO LES (1)	ever DEATH Jept 14, 10 53
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O.	
RACE WIDOWED, DIVORCED, (Specify) & 1	1 15.7/ 170 Months Days Hours Min.
NIDOWEGI CCI	0,10,0, yn.
done during most of working life, avan if OR INDUSTRY	11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY?
relired) Farmer farming	11/2 x y /2 N - 1 U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Doc Vickeral	Tulin Aug 5
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, grups.) (If Yes, give war or dates of service)	C All blilded
NONE	GEOVGE C. HTCKINSON WARDOH, MA
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BE WEEN ONSET AND DEATH
in the contract of the contract transfer	Wa 12000 1000
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE (S) DUE TO	The state of the s
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Tic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) 21e, INJURY OCCURRED While Net while	2H. HOW DID INJURY OCCUR?
M. at work At work	
22. I hereby certify that I aftended the deceased from	1-1957, Aug 1 14, 1958, that I last saw the deceased
" " TT3 " 55"	A7/10.
alive on all signature / , , and that death occurred at	ADDRESS (Street, city, to postete) DATE, SIGNED
Hall bond	Olympia Med Glilli
M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR O	CREMATORY LOCATION (City, town, or county) (Siets)
MIMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or county) (Stets)
100rial 19/17/5/100K 12/	nt cem waldort, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE DDRESS
DATE SEP 1 7 '58 Quille 9 45	The that't twee of Hours Wallan Cal



registrar within 72 hours after-death. After this by, the funeral director, the third copy of this

's after death.

NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed w certificate has been executed by the attending physician and completely fil death certificate assembly should be detached for use as a burial transit perm

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10017 CERTIFICATE OF DEATH

10010

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Cakers MARYLAND	STATE DATE COUNTY Colored
CITY (If outside corporete limits, white RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest lown)
OR and give nearest town! (in this place)	OR // 2
Trince Treduck Chas.	TOWN A COMMON STATES
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
S. NAME OF (FIRST)	(Lest) 4. DATE (Month) (Day) (Year)
(Type or Print) James Salher-T No	DIPSON DEATH Sect, 16 1958
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH 9. AGE last birthday / IF UNDER 1 YEAR IF UNDER 24 HRS.
M. O. RACE WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.
Male while stage Vial	124 1008 / E YIS.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
retired) 2	Tames The Walt - SOUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
111111111111111111111111111111111111111	Jan Morrier & Marie Marie
Vengel lever the union	Hacas Alinkertal
15/ WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	The second of the second
	Manney & Harrette Housewalla
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH	INTERVAL BETWEEN ONSET AND DEATH
1. V (Wide 1/G	mile Rough Merce Here
IMMEDIATE CAUSE (A)	The person property
ANTECEDENT CAUSE(S) DUE TO	7
DISEASES OR CONDITIONS, IF ANY, (B)	
STATING UNDERLYING CAUSE LAST, DUE TO	01/1 4
19 Pan in	Meel
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(and (and (and (and (and (and (and (and
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?
While Mot while	I THE HOLD HOURT OCCUR.
M, at work at work :	
22. I hereby certify that I attended the deceased from	that I last saw the deceased
alive on 7.1.4	at D.A.M. from the causes and on the date stated above.
SIGNATURE /	ADDRESS (Street, city, town, sintel// DATE BIGNED
41 11/1/21	(Lormon Mil Olulia
M.D.	July 1/11/199
23. BURIA., CREMATION, DATE THEREOF NAME OF CEMETERY O	CREMATORY LOCATION (City, town, or county) (State)
Burne sept Letimons	Milled & time had
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
SEP 1 9 '58 Collan & Kraue	1 30 11 1 1 x 4 1) 1
DATE	1234 ta Resear tom Mutual Med.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

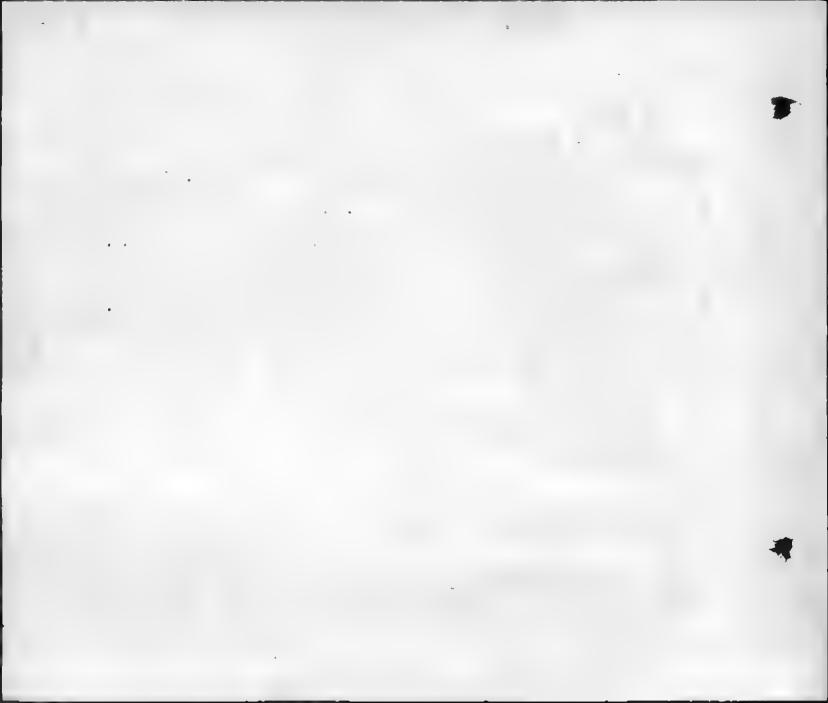
may be retained by I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1.0018 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No.

										-		
1. PLACE OF DEATH 0. COUNTY Calver	2 USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. STATE b. COUNTY Calvert											
5 CITY OR TOWN (RURAL and give n	If outside corporate limi	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)										
Prince Fro			2wks	XBroomes Island								
d. NAME OF HOSPI	d. STREET ADDRESS		ON A FARM? YES NOTE									
	County Hosp			<u> </u>								
3. NAME OF DECEASED (Type or print)	Ida Sewel		Middle		Lost	4. DATE OF DEATH	Sept. 1		Doy		958	
5. SEX			RIED NEVER MARRIE	D []	DATE OF BIRTH		9. AGE (In years		I YEAR II			
Female	White	WIDOW			Aug. 6, 1875		lost birthday)	Months		Hours	Min.	
100. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR		TRY 11. BIRTHPLACE (State of	ar fareign c		12. CIT	IZEN OF	WHAT	COUNTRY	
Housewife	king life, evan if retired	,			Maryland				.S.A			
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME		****				
John Ell:	iott				Sarah Orem	Π						
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17, tN	FORMANT		Add	ress				
No.	(If yes, give wor or dates of a	BLUCE!		Cl	arence Sewell	l, Bro	omes Isl	and,	Md.			
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far (a), (b), and (c).)	,~			0			VAL BET		
PART I. DE/	ATH WAS CAUSED BY:	\cdot	erebral	4	hombonis	>~	Gemol	Park &	ONZE	TAND	DEATH	
200	DUE TO								1			
Canditions if a	Conditions if gay which \											
	gove rise to immediate											
couse (a), stating lying cause last	couse (a), stating the under: DUE TO											
PART II OT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W.											
3												
PART II OTI	YES NO ☐ 20a ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH OF CONTRIBUTING ☐ CAUSE OF CONTRIBUTING OF COURSE OF CO											
3 20c. TIME OF INJUS	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED		CE OF INJURY (Hame, form,		y or town)	(0	County)		(State)	
20c. TIME OF INJUST Hour o.m.	19	While	Nat while	fact	ory, street, office bldg., etc.	1						
			16	25/	· · · · · · · · · · · · · · · · · · ·	700	F135	1				
'	hot I oftended the	/	ed Holli, Johnson	1	19.20, 10	Faring Lak	7/3/19					
alive onS		, 12.5	ond that	déath			m the causes o		ne dote			
ACTUAL	(Fall)	,60	20 mest			ADDRESS (S	treet, city or town,	. stote)		SOA	TE SIGNED	
SIGNATURE	Delegation	77277	7770-4	^	N D					/-		
PHYSICIAN'S NAME (Type)	Roberbo de	Vill	ICCA R	RE	PC)	then	rack				
220 BURIAL CREMATIC)F	22c. NAME OF CEME	TERY OR	1 11	278 LOCA	TION (City, lawn,	or county)	11	(State)	
23. FUNERAL DIRECTOR	sept 15,	1958	Broomer.	de	hand Come tory	1h	THUNK	land	alis	2st	ma	
1 1 AL	S SIGNATURE	5	ADDRESS No. TILL	9	n/ PATE SE	P 1 7	58 246. REGI	STRAR'S SH	Than	L		



ol Trector, may be retained by haspital at ottending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physiciany and completely fulled in by 1978 page 3 should be defeated for use as the burial-transit permit. Then please remove cordan propers. Pages 1 and 2 shout the registrar prior to burial, cremation, or removal, and in any event within 72 hours often death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be grecuted within 24 hours ofter death. Page 4 VS A15 (4) 15M 9/5S

L			20	CER	HFIC	AII	E OF DEATH	1		Reg. D	ist. No.			
1.	o COUNTY Ca	lvert		M	ARYLAND	2.	USUAL RESIDENCE (WI o. STATE Meryl		Hived If instituti b. COUNTY		nce befo	re admiss	ion)	
b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) Prince Frederick						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lower Marlboro								
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Nursing Home						1	d. STREET ADDRESS						FARM?	
3	NAME OF DECEASED (Type or print)	ELLIOTT	st	HERB:	die IRT		ton SHECKELLS	4. DATE OF DEATH	Septen		17	*	Yeor 19 58	
	male	6. COLOR OR RACE White	WIDOWE	DIVO	RCED 🔲		ATE OF BIRTH January 31,		9. AGE (In years last birthday) 80 yrs.	IF UNDE Months	P 1 YEAR Doys	Hours	Min.	
10	b. USUAL OCCUPATION during most of work	IN (Give kind of work ing life, even if retired) _	and of Busines		ISTRY	11 SIRTHPLACE (Stote Marylan		ountry)	12. C	ITIZEN C	F WHAT	COUNTRY	
13.	FATHER'S NAME					14	MOTHER'S MAIDEN I	NAME						
	Ell	iott Shecke	ells				Mary Gibs	on						
		IN U. S. ARMED FOR		OCIAL SECURITY	NO. 17	INFO	RMANT		Add	ress				
()	-		21	.6-12-498	54 N	irs	. Ruth Grov	er	Owings,	Mar	ylan	d		
	18. CAUSE OF DEA	TH [Enter anly one co		/ 1	1	00			ERVAL BE					
	PART I. DEATH WAS CAUSED BY. Carfie Varuelan Sund Verent Verent AND DEATH											PEATH		
	11/12 X DUE TO													
	Conditions, if ony, which)													
	gove rise to immediate													
	couse (o), stoting the under-													
CERTIFICATION			DITIONS CO	ONTRIBUTING TO	DEATH BUT	T NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PA	RT I(o) 1	PERFO	AUTOPSY PRMED?	
l -,	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING 200 CAUSE OF DEATH OR													
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	r Month, Doy, Yei 19	20d. IN. While at work	Not while	20e PL	ACE (OF INJURY (Home, farm street, affice bldg., etc	20f (City	ar town)		(County)		(Stote)	
	21. 1 certify the	at I attended the	decease	X			. 196_, 10/	41 1					decease	
	dive on	77-7-1	119	tr., and if	iai aearr	1 00			n the causes of teet, gity of town,		the da	le state	ad obove Atirsigne	
	ACTUAL SIGNATURE	+W	W	ud		M.D.	y wo	uß	Ma	/	91	181	19	
	PHYSICIAN'S NAME (Type)	H. W. War	1	Owing	gs, Ma	ıry	land	<i>"</i>		4 an T ay 44 an un				
22	REMOVAL (Specify)	N. 226. DATE THERECO	-5-Y	22c. NAME OF C	EMETERY O	OR ER	ematory into	22d. LOCAT	MON (City, town,	or county)	1	£ 72	2	
23	FUNERAL DIRECTOR	SIGNATURE	11	ADDRESS	10		24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE		
1	Sulchen	is Tilmera	11/14	Driek, 11	11112	Sale C	TUMEP 2	3 '58	arthur.	8 to	AUA.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

please exepending in pencil iner's Office along HTADDRODTADIO 2 NEWWAY 2 TO THE GOLD OF THE

VS A15 (4) 15M 9/SS

0

L.		1 1111	21_	- CENTIL						Reg. Di	st. No.		
1.	PLACE OF DEATH o. COUNTY	Calvert		MARYL	AND	2. USUAL RES o. STATE	Maryla		f lived. If institution b. COUNTY		vert		ion)
	RURAL and give ne	f outside corporate limi arest town) CIPK	ls, write	5 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Dunkirk						rest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d. STREET ADDRESS					o. 15 RESIDENCE ON A FARM? YES X NO		
3.	NAME OF DECEASED (Type or print)	G BORG		LEONARD		WALTON		4. DATE OF DEATH	Month Septemb		22		9 58
5.	male male	6. COLOR OR RACE White	7. MARR	IED A NEVER MARRIEI D DIVORCED	(8. DATE OF BIRT April 2		35	4 4 4 4 5	Months Months	Doys	Hours	R 24 HRS. Min.
10	during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS OF Tenant	INDU!		larylan		ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER	S MAIDEN NA	AME				-	
L	Char	rles Walton					Ī	Unkno	wn.				
		R IN U. S. ARMED FOR	ervice)	social security no. 17–36–7956		Mrs. Le	onard	Walto	n, Dunkir		aryl	and	
	PART I. DEA 153.2 Conditions, If or		1	e for (a), (b), and (c).] (Compared to the compared to the co	100	_ (ja	Suc	undy (l		ET AND	
7	gove rise to immediate couse (a), stating the under-lying couse tost. Column Co												
CERTIFICATION				ONTRIBUTING TO DEA						N IN PAR	T 1(o) 1	PERFOI YES	RMED?
	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC									
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 Of work of wor									(Stole)			
	21. I certify th	at I all ended the	decease	of from Chee		1952	10/	ext	22-19	,that I	last sa	w the	deceased
	alive and the date stated above. ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stote) G/24/57												
	PHYSICIAN'S NAME (Type)	4. W.	W-	MD		h die für yer yer yer yer	1			/			
22	BURIAL, CREMATION REMOVAL (Specify) Burial		- 58	Mt. Harm		R CREMATORY			Owings, M		and	(State)
23.	HILLOW	S'SIGNATURE D	eral	Home	10	venjo	240. REC'D DATESEP	BY REGIST	RAR 24b. REGIST		GNATUR		

The state of the s D. 100 10